



Dunoon Preschool 2022 Enrolment Form

If any section is not applicable to your child please write N/A and initial.

Child's First Name(s):

Surname:

Child's preferred name:

Date of Birth:

Gender:

Cultural Background:

Home address:

Best Contact Phone Number:

Intended start date:

Mon Tues Wed Thurs Fri

Parent/Carer 1 name:

Mobile number:

Occupation:

Work number:

Address:

Email

address:

Cultural Background:

Parent/Carer 2 name:

Mobile number:

Occupation:

Work number:

Address:

Email address:

Cultural Background:

Where did you hear about Dunoon preschool? Please Circle:

Drive pass, Facebook, Website, Flyer, Internet Search, Family/Friend (name):

- Is your child **of Aboriginal or Torres Strait Islander** background? Y / N
- Is a **language other than English** spoken at home? Y / N Other language spoken at home:
- Does your child need support to speak English? Y/N
- Is your child able to claim **reduced fees**? Y/N

Answer yes only if you have a **low-income health care card**

If Yes, please fill out the confidential income details form attached.

Emergency Contacts, in case of Emergency, other than parents

Name: _____ Relationship to child: _____ Phone number/s: _____ Address: _____	This person can authorise an educator at preschool to take my child outside of the preschool grounds Yes / No (Please circle) This person can give my child medication, or allow an educator at preschool to give my child medication Yes / No (Please circle)
Name: _____ Relationship to child: _____ Phone number/s _____ Address: _____	This person can authorise an educator at preschool to take my child outside of the preschool grounds Yes / No (Please circle) This person can give my child medication, or allow an educator at preschool to give my child medication Yes / No (Please circle)

Permission to collect child: (list person/s other than the parents)

Name: _____ Relationship to child: _____ Phone number/s _____ Address: _____	This person can authorise an educator at preschool to take my child outside of the preschool grounds Yes / No (Please circle) This person can give my child medication, or allow an educator at preschool to give my child medicate Yes / No (Please circle)
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Names of other children/siblings

Birth dates

Are there any **cultural or religious celebrations** or customs that are important to your family that you would like us to be aware of? Y / N

Please list:

Is your child the subject of a **court order, parenting orders, parenting plans** relating to powers, duties, responsibilities or authorities of any person in relation to the child or access to the child; or relating to the child's residence or the child's contact with a parent or other person? Y / N If Yes please discuss with Director

Primary school your child will be attending?

About Your Child...

What's your child's behaviour like at home?	Does your child have a diagnosed or suspected disability or developmental delay?
How does your child relate to other children? (for example: take turns, share toys, deal with conflict)	Has your child had any previous child care or attended a program at early intervention?
How does your child relate to adults other than immediate family?	Is your child confident with toileting?
Was there anything unusual or worrying about your child's birth or babyhood?	

EMERGENCY LIST

- Child's name.....
- Parent's name(s).....
- Home phone.....Mobiles.....
- Address.....
- E-Mail.....

Health Information

Child's Health Practitioner/Doctor _____
Phone number _____ Address _____

Medicare number _____

Does your child have any **allergies?** Y / N Please list:

Has your child been diagnosed as at **risk of anaphylaxis?** Y/N

Any other **medical issues** eg. Regular medication, dietary needs, disability, asthma, diabetes? _____

Does your child have a **medical management plan, anaphylaxis medical management plan or risk minimisation plan?** Y/N if Yes please provide a copy

Child's dentist _____ Phone number _____
Address _____

Has your child been **immunised?** Y / N

a. *From 2018 children must be immunised. If children are not immunised, they cannot enrol in a preschool program. Exclusions may occur for children with medical conditions.*

c. Please provide evidence from The Australian Childhood Immunisation Register.

d. **For more information;** download your record form Medicare online or call 1800653 809, email acir@medicareaustralia.gov.au

Office: Sighted Child Health Record Y/N

Copy of Immunisation status Y/N

Authorisations

Do you give permission for insect repellent to be used on your child? Y/N

Do you give permission for sunscreen to be used on your child? Y/N

Do you give permission for your child to be observed and photographed (for documentation and assignment purposes) by students on work placement? Y/N

DO you give permission for your child to use our upstairs space on special occasions? Risk assessment available in the foyer. Y/N

SIGNED: _____ **DATE:** _____

I give permission to the Preschool to perform first aid on my child and obtain urgent medical, dental or hospital treatment or ambulance service for my child if necessary and agree to accept responsibility for expenses incurred.

SIGNED: _____ **DATE:** _____

I have been given the parent handbook which provides information about key policies (including Confidentiality, Nutrition) routines and requirements. I understand that I can access:

- The preschools policy book,
- The national quality framework and standards,
- The early childhood regulations
- My child's documentation
- The documented learning program at any time.

Here is a summary of the Family Handbook: Good Things to do; Handy Things to know

- Sign your child in and out daily**
- Fees are invoiced termly. You can pay weekly, fortnightly or termly. A statement is provided halfway through the term and payment in full is required by week 8 of each term.**
- What to bring:**
 - a good-sized bag
 - spare clothes lunchbox
- We provide the hats**
- Apply sun cream/apply insect repellent to your child before they start the day we will reapply as needed if you have consented.**
- Check your parent pocket regularly for art, news and invitations**
- Look through the learning journals, look at the program**
- Check your email regularly for updates and invoices (please also check your spam/junk folders)**
- We have a Facebook page if you would like to follow us [facebook/dunoonpreschool](https://www.facebook.com/dunoonpreschool) Preschool will also communicate with you through SMS**

Dunoon Preschool is a Community Preschool which means it is managed and supported by our preschool families. To keep our fees low there is an expectation that families will be involved in Preschool activities including...

- Participating in fundraising events (twice a year)**
- Attend Committee Meetings (at least 1 a year)**
- Participating in Working Bees as needed, usually once a term**
- Rostering on for a Parent (or Family) helper day; at least once a term. If you can't come in person you can: Send a relative; Pay the \$50 roster levy; Join the committee and attend committee meetings (2 per term; usually held in the evenings)**

I/We have read and understood the summary:

SIGNED: _____ **DATE:** _____

Dunoon Preschool Photo Consent Form

I give consent to Dunoon Preschool to make, use and/or retain an image/s as detailed below that may identify me, my child or an individual for whom I have authorized decision making responsibility (strike through whichever does not apply).

I understand that I can withdraw or modify my consent at any time in writing to:

Dunoon Preschool, 84 James St, Dunoon, 2480 or info@dunoonpreschool.com

Conditions/limitations

If you have any restrictions you want to apply to the use of your personal information, you should list them here (e.g. cultural considerations, usage restrictions, expiry of consent, etc):

Undertakings

I understand that by giving consent, Dunoon Preschool may reproduce the image/s in any form, in whole or in part, and distribute the works by any medium including the Internet, or other multimedia.

I understand that Dunoon Preschool:

- will not pay me for giving this consent or for the use of my image/s;
- may keep the image/s on record until I revoke my consent;
- will return or destroy images if I withdraw this consent, with the exception of those already published;
- may use the image in the future, unless I specify limitations for its use; and
- will not infringe the rights of any third party by exercising its rights given in this Consent.

Description of image and/or recording

Children participating in the preschool program, playing indoors or outdoors, or participating in group activities.

Participant details

For the purposes of this consent form, the person whose image/s is used is known as "the Participant".

Child's Name:		Date of Birth:	
Address: Email:		Phone Number:	
Name of Parent/Guardian:	Signature:		Date:

All about _____

My favourite songs...	
My favourite books...	
My favourite outdoor games...	
My favourite indoor games...	
My eating habits are...	
My toileting habits are...	
My sleeping habits are...	
My other home culture includes (prayers, celebrations, routines, clothing)	
In my house live my...	
A great teacher...	
I hope to learn these things at Preschool...	
We also think you should know...	

Privacy Consent Form- Child

CONSENT TO USE AND DISCLOSURE OF CHILD'S PERSONAL

I understand that Dunoon Preschool (the **Service**) will collect my child or legal ward's (as identified below) (**Child**) personal information.

Personal information (including information or an opinion) may include information that I provide (or someone provides on my behalf) as part of my Child's enrolment application or as part of an application for funding for my Child or otherwise in connection with the Child's attendance at the Service, including the Child's name, date of birth, and sensitive information such as information relating to the Child's health including any disability (this may include medical records and reports) (**Personal Information**).

I authorise the Service to disclose my Child's Personal Information to the New South Wales Department of Education and Communities (**Department**). I understand that the Department will only use or disclose such Personal Information relating to the Child as permitted under applicable privacy laws including the *Privacy and Personal Information Protection Act 1998* (NSW). In limited circumstances this may include disclosure to other Australian government agencies, including the Commonwealth and to those located in States and Territories outside New South Wales.

The Department may use my Child's Personal Information for any purpose relating to the exercise of its governmental functions including for, but not limited to, the assessment and potential provision of support or funding to my child or the Service including for any teachers or caregivers in connection with the Service.

If you do not agree to your Child's Personal Information being provided to the Department then this could impact the funding allocation made available to the Service.

Under law, you may have a right of access to, and correction of, such Personal Information. Please contact the Service or the Department in such circumstances.

I consent to the collection, use and disclosure of my Child's Personal Information in the manner outlined in this form.

DETAILS OF CHILD	
PRINT FULL NAME OF CHILD	
DATE OF BIRTH	

DETAILS OF PARENT / LEGAL GUARDIAN	
PRINT FULL NAME OF PARENT / LEGAL GUARDIAN	
RELATIONSHIP TO CHILD (e.g. mother, father, guardian)	

SIGNATURE OF PARENT/GUARDIAN _____

DATE: ____/____/____



Children's Services Affordability Assistance Application Form

Confidential

The Department of Education – Early Childhood provides funding to the Preschools for the target groups: children turning 4 by July 2018 or those **children from Low Income families**. The Preschool passes through this funding by offering reduced fees to meet the needs of all families.

This application form allows the Preschool to assess family's eligibility for this assistance. The assistance is provided direct by the service; it is not available from the Department.

Eligibility for this assistance is dependent upon the completion of this form and documentary proof of your Low Income Health Care Card

Do you hold a low-income Health Care Card or Pension Card?

Yes (copy required) Please complete this form.

No – No need to proceed with this form

Family Details

1) Parents name _____ 2) Spouse/Partner _____

Children's Details

Child's name _____ Child's name _____

DECLARATION BY FAMILY

- The information given on this form is true and correct at the current time.
- I/We have provided all the evidence relating to my/our gross income.
- I/We undertake to advise the Preschool of any changes to the information in this application which would affect the level of subsidy provided.
- I/We are aware that eligibility must be reassessed periodically, and I/we agree to complete another application when required in order to obtain fee assistance.

Signed: _____
Parent Spouse/partner

Date: _____

DECLARATION BY CENTRE (for Preschool Use Only)

- Proof of Income has been sighted. Fees = \$ _____ per day/session

Signed: _____ **Date:** _____

